Illinois D	Department of Public	<u>Health</u>				
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION ::	(X3) DATE SURVEY COMPLETED	
		IL6003388	B. WING		04/18/201	16
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		-
FRIENDS	SHIP MANOR		T AVENUE _AND, IL 61	201		
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S 000	Initial Comments		S 000			Control of the Contro
		nd Re-Certification Survey.	and girth-special special spec			
Village in the state of the sta		and Support Survey.	And al-vertormorthaughtur		100000000000000000000000000000000000000	
	An extended survey	was conducted.	- NORMAL STATEMENT OF THE STATEMENT OF T		As a desired and the second and the	
S9999		And the second s	S9999		PCONTOCAL TO THE REAL PROPERTY.	
	Statement of Licens	ure Violations :				
771	300.610a) 300.690a)b)c) 300.1210b) 300.3240a)b)d)e)					
	Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the			Attachment	-	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 05/03/16

Illinois Department of Public Health		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM	PLETED	
IL6003388 B. WING 04/	18/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	Miles and the second se	
1209 21ST AVENUE		
FRIENDSHIP MANOR ROCK ISLAND, IL 61201		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETE	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE	DATE	
DEFICIENCY)		
S9999 Continued From page 1 S9999		
b) The facility shall notify the Department of any		
serious incident or accident. For purposes of this		
Section, "serious" means any incident or accident		
that causes physical harm or injury to a resident.		
c) The facility shall, by fax or phone, notify the		
Regional Office within 24 hours after each		
reportable incident or accident. If a reportable		
incident or accident results in the death of a	or spenda of	
resident, the facility shall, after contacting local		
law enforcement pursuant to Section 300.695,		
notify the Regional Office by phone only. For the		
purposes of this Section, "notify the Regional		
Office by phone only" means talk with a		
Department representative who confirms over the		
phone that the requirement to notify the Regional		
Office by phone has been met. If the facility is unable to contact the Regional Office, it shall	77,74	
notify the Department's toll-free complaint registry		
hotline. The facility shall send a narrative		
summary of each reportable accident or incident		
to the Department within seven days after the		
occurrence.		
Section 300.1210 General Requirements for		
Nursing and Personal Care		
b) The facility shall provide the necessary care		
and services to attain or maintain the highest		
practicable physical, mental, and psychological		
well-being of the resident, in accordance with		
each resident's comprehensive resident care		
plan. Adequate and properly supervised nursing		
care and personal care shall be provided to each		
resident to meet the total nursing and personal care needs of the resident.	700	
Section 300.3240 Abuse and Neglect	The state of the s	
a) An owner, licensee, administrator, employee or		
agent of a facility shall not abuse or neglect a		
resident. (Section 2-107 of the Act)		
b) A facility employee or agent who becomes		

Illinois Department of Public Health

IIIInois L	repartment of Public	Health				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	S:	COMF	PLETED
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are common and a c		IL6003388	B. WING		04/	18/2016
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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39999	Continued From pag	ge z	39999			
		the matter to the facility				
		ion 3-610 of the Act)				
Add and a second		rator, employee, or agent who				
		abuse or neglect of a resident				
		matter to the Department.				
	(Section 3-610 of th					
		petrator of abuse. When an	1			The property of the second
		port of suspected abuse of a				
-		ased upon credible evidence, a long-term care facility is the				
		ouse, that employee shall				
		ed from any further contact				
000		facility, pending the outcome				
TYTTE		igation, prosecution or				
Assessment and the second seco		gainst the employee.				
		, , , , , , , , , , , , , , , , , , , ,				Management
	These requirements	are not met as evidenced by:				May constant
		Octividan				90
	Department of the control of					
		on, record review and		random		
		failed to protect one resident				
		se. E4 and E5 wore R2's wig and making fun of R2				
	which caused emotion					***************************************
		R2 which continues. The				T-CANONICAL TO A CONTROL OF THE CONT
		protect one resident from				
The second secon		appropriately touched R24 on				
		6) and continued to have				CANADOMINI CANADA
		E9 made a sexually		4 1		
	inappropriate comme	ent to R24 approximately one				
1000000	week later (1/13/16).	R2 and R24 were two of			and the second	eroswena.
		wed for allegations of abuse				Control of the Contro
		sample. E4, E5 and E9 had				economany
		all residents in the facility.				COORDINATE
		ity failed to immediately				одина
		of abuse to the Administrator;				TOTAL CONTRACTOR OF THE CONTRA
		exual abuse, emotional				
		priation of resident property;				SO S
	failed to thoroughly in					
	anegation; talled to in	nmediately remove alleged				990

Illinois Department of Public Health

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_ B. WING 04/18/2016 IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1209 21ST AVENUE** FRIENDSHIP MANOR ROCK ISLAND, IL 61201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 perpetrators from resident contact; failed to follow operational policies and procedures regarding: Immediate notification to the Abuse Coordinator and Administrator; identification of misappropriation of resident property, sexual abuse and mental abuse; and protection of the resident by the removal of the suspected perpetrator of abuse. Findings include: The undated facility's Quality of Life - Dignity policy documents the following: "Residents shall be treated with dignity...Residents' private space and property shall be respected at all times...Staff will not handle or move a resident's personal belongings without the resident's permission..." 1. R2's Minimum Data Set (dated 1/31/16) documents a Brief Interview for Mental Status score of 11, indicating R2 is a reliable candidate for an interview. 1. R2's Minimum Data Set (dated 1/31/16) documents a Brief Interview for Mental Status score of 11, indicating R2 is a reliable candidate for an interview. R2's initial Incident Report dated 12/15/15 and completed by E8 (Assistant Director of Nursing/Acting Abuse Coordinator) documents that the facility initiated an investigation on 12/15/15 for an allegation of "emotional abuse"

Illinois Department of Public Health

involving R2.

The facility's faxed initial report dated 12/15/15 and completed by E8 (Assistant Director of Nursing/Acting Abuse Coordinator) to (State

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STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D. WING			
		IL6003388	B. WING		04/1	8/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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INCLINE	, , , , , , , , , , , , , , , , , , ,	ROCK ISL	.AND, IL 612			
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S9999	Continued From pa	ge 4	S9999			
S9999	Agency) documents report an allegation belongings. A CNA wig. (R2) has some Dementia"  The facility's faxed 12/18/15 and comp documents the folloregards to the previabuse. A full invest which two employed Nursing Assistants) interviewed twice at also interviewed. Earlie and E5 admitted (Rand E5) were wash cream on it. The dief E5) was 12/10/15, and (R2), it is difficut was abuse of (R2's to report that (E4 arwig and it was upsermaintain (R2) spille E5) were simply cle have a diagnosis of identify (E4 and E5 (R2)'s wig. We (the abuse was substant facility) will terminat to protect our reside occur."	s the following: "This is to of abuse of a resident's was reportedly wearing (R2)'s e confusion and a diagnosis of final investigation report dated bleted by E8 to (State Agency) owing: "This follow-up is in iously reported allegation of tigation was conducted in es, (E4 and E5, Certified were interviewed; (R2) was and (R25, R2's roommate) was ouring the interviews, both E4 (E2) was upset because the (E4 ing (R2's) wig which had ice ate of the incident, per (E4 and After interviewing (E4 and E5) all to determine whether there belongings. (R2) continues and E5) were wearing (R2)'s etting to (R2). (E4 and E5) and E5) were wearing (R2) does fedementia, (R2) was able to that (R2) felt were wearing e facility) cannot conclude that (R2) felt were wearing e facility) cannot conclude that (R2) felt were wearing e facility) cannot conclude that (R2) felt were wearing e facility) cannot conclude that (R2) felt were wearing e facility) cannot conclude that (R3) felt were wearing e facility) cannot conclude that (R4) felt were wearing e facility) cannot conclude that (R4) felt were wearing e facility) cannot conclude that (R4) felt were wearing e facility) cannot conclude that (R4) felt were wearing e facility) cannot conclude that (R4) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R4) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R4) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R5) felt were wearing e facility) cannot conclude that (R5) felt were wearing	S9999			
	Nursing Assistants) (R2)'s wig on and w	ition that two CNA's (Certified were in (R2)'s room, put was dancing around. This E6 (Licensed Practical Nurse)	***************************************			

Illinois [	Department of Public	Health				Manager and the second
STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
		IL6003388	B. WING		04/1	8/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
		1209 215	Γ AVENUE			
FRIEND	SHIP MANOR		AND, IL 612			
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S99 <b>9</b> 9	Continued From pa	age 5	S9999		III LORD TO LORD REPORTED	
	told me (E8). E6 u think E6 told me fa aware of the incide to (E1, Administrate stated that E4 and resident care until incident with R2. The CNA's were (I (E8) met with (E5) schedule. I (E8) m couldn't come in or (E1, Administrator) both CNA's (E4 and On 4/7/16 at 2:20 p Nurse) stated that of (E4 and E5) were Picture Website). I lasts a few second wigs on (E4 and E5 tried to take a scree short time and it (th (E6) couldn't tell wh (E4 and E5) were w (R2) complained to Assistant). E21 we Practical Nurse) an It was approximate told (E7) about it. I report it. I (E6) rep Assistant Director of Coordinator) by phe (E6) called (E8), (E (E6) called (E8) an call back. (E8) call (12/14/15) after the that I saw the pictu Website) on 12/10/ (R2's) complaint to	sually works second shift. I ce-to-face. I (E8) became nt on 12/15/15. I (E8) reported or) on 12/15/15". E8 then E5 were not removed from 12/15/15 following the 12/13/15 E4 and E5). On 12/15/15, I and (E5) was taken off of the et with (E4) on 12/16/15. (E4) in 12/15/15. I (E8) reported to on 12/15/15We terminated				

	Illinois D	epartment of Public	Health			-	
Annual an	STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
-			IL6003388	B. WING		04/1	8/2016
	NAME OF S	ME OF PROVIDER OR SUPPLIER STREET AD		DRESS CITY S	STATE, ZIP CODE		
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-	FRIENDS	SHIP MANOR		AND, IL 61:		9	
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
-	S9999	Continued From pa	ge 6	S9999			
	59999	Certified Nursing Aspicture thinking they" E6 then stated to report R2's concern. On 4/11/16 at 12:09. Nurse) stated that E worked a second stated that on 12/11 (R2) become upset Nursing Assistant) a shower. E7 stated, was trying to kick (Ethought that (E21) v (Certified Nursing A (R2's) wigs (on 12/2 and calmed (R2) do (E21) to care for (R what (R2) had told really happened.' (Ethad seen a picture (12/10/15) posted of Website) and (E4 and E5) were becalled (E8, Assistant Abuse Coordinator) E5) worked the rest on 12/11/15. (R2) of a couple weeks. (Find something, but it see problem always were wearing (R2)'s wigs (R2) felt degraded a were making fun of R2's written interview.	ssistants) were smiling in the y (E4 and E5) were funny" hat E6 did not immediately to E1 (Administrator).  PM, E7 (Licensed Practical E7 usually works third shift, but nift on 12/11/15. E7 then 1/15 at approximately 7:00 PM, after a (E21, former Certified attempted to give (R2) a "(R2) was hysterical. (R2) E21) out of the room. (R2) was one of the CNA's assistants) that was wearing 10/15). I (E7) talked to (R2) own and then (R2) allowed 2). I (E7) went and told (E6) me and (E6) said 'Wow it E6) said to me (E7) that (E6) of (E4 and E5) last night on a (Social Media Picture and E5) were wearing wigs. Oth working on 12/11/15. (E6) at Director of Nursing/Acting and left a message. (E4 and E5) to their (E4 and E5)'s shifts continued talking about this for R2) would become upset about the med that the root of the ent back to (E4 and E5). (R2) was extremely upset. and (R2) felt that (E4 and E5) and laughing at (R2)."				
		documents the follo	ocial Service Director) wing: "Two girls got real fresh ight. They had my wig in the				

6899 If continuation sheet 7 of 30 STATE FORM MVC811

Illinois L	Department of Public	Health				
STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6003388	B. WING		04/1	8/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
I WANT O	, , , , , , , , , , , , , , , , , , , ,		T AVENUE			
FRIEND	SHIP MANOR		AND, IL 612	201		
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S9999	Continued From particles bathroom and they it on. One was over the other was small working the next nighurtful. I don't think cream as a snack. brazen and parader the wig and I asked she went into the barrier." R2 then de wig and stated, "The were dancing arour of me. Why are you questions. You don's pill anything on my me!"  On 4/11/16 at 12:05 bed. R2's hair was exposing several are were located and not R2's bed. R2 stated repeat it. I prefer the of me ever again. To finish statement) 12/10/15 incident in appeared very with contact continually simmediately change conversation and stated, "I (R2) hate asked how E4 and	were posing in the mirror with rweight, wearing all black and l. She had black hair and was ght. Everything they said was I went to supper. I had ice The small one was really d around my bed, she grabbed her to put it on the stand but athroom and was posing in the enied spilling anything on R2's ey were laughing a lot. They not with my wig on. Making fun u asking me so many it care. You don't care! I didn't wig, they were making fun of the PM, R2 was lying in R2's extremely thin and disheveled eas of R2's scalp. R2's wigs eatly kept on a shelf next to l, "I (R2) do not want to em (E4 and E5) not take care hey were very (R2 unable when asked about the volving E4 and E5. R2 drawn and avoided eye staring at the floor. R2 et the subject of the ated that R2 was waiting for a ther discussion and not the 12/10/15 incident, R2 et this place." When R2 was E5 (Certified Nursing	\$9999			
	wearing R2's wigs of at the floor and avoil silence for approxim	2 feel when E4 and E5 were on 12/10/15, R2 again stared ided eye contact, sat in nately one minute and with a swer the question and stated, e now. "				

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_ B. WING 04/18/2016 IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1209 21ST AVENUE** FRIENDSHIP MANOR ROCK ISLAND, IL 61201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 8 R2's full final Abuse Investigation (dated 12/18/15) does not include witness interviews or written statements from E21, E6 or E7. On 4/11/16 at 10:49 AM, E8 (Assistant Director of Nursing/ Acting Abuse Coordinator) verified that E8 could not produce written witness statements or interviews from E21, E6 or E7 regarding R2's verbalized concerns on 12/11/15 and stated that E8 only documented one of the two interviews conducted with R2 because E8 did not have a staff member to witness the second interview. On 4/12/16 at 10:07 AM, E8 stated that emotional abuse is any kind of statement made that is taken offensively by the resident or makes them upset. Misappropriation of resident's property is stealing from the residents or taking the resident ' s funds. E8 then stated that E8 considered E4 and E5's behavior inappropriate on both parts of E4 and E5. E8 then stated that R2 gave R2's statement and there was no witness to the 12/10/15 incident. E8 also stated when asked if E8 considered the 12/10/15 incident regarding R2 abuse, "No. I don't consider it abuse. I consider it stupidity. Unfortunately, there was no witness. If (E4 and E5) were indeed wearing (R2) 's wigs, I (E8) would consider it misappropriation of property, but there is no proof of it. " On 4/7/16 at 12:48 PM, E2 (Director of Nursing) stated that E2 was off at the time of R2 's complaint regarding (E4 and E5) 's wearing R2' s wigs, and the investigation was conducted by E8 (Assistant Director of Nursing/Acting Abuse Coordinator). E2 stated that any resident complaint about an employee is looked into and that all staff are expected to immediately report

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any potential allegations of abuse. E2 stated, "I (E2) interviewed both (E4 and E5) over the phone

PRINTED: 06/08/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING 04/18/2016 IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1209 21ST AVENUE FRIENDSHIP MANOR ROCK ISLAND, IL 61201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 \$9999 Continued From page 9 and we (the facility) fired them because their (E4 and E5) 's stories did not match what was on camera." E4 and E5's Employee Detail Report Time Cards (dated 12/1/15- 12/31/15) document that both E4 and E5 worked full eight hour shifts on 12/10/15, 12/11/15 and 12/14/15 thus allowing E4 and E5 continued access to R2 after E6 (Licensed Practical Nurse) recognized and reported an allegation of emotional abuse and misappropriation of R2's property on 12/11/15. 2. R24's Initial Incident Report dated 1/15/16 documents that an abuse investigation was initiated on 1/15/16 regarding an allegation of an "inappropriate comment" made on 1/13/16 to R24 by E9 (Former Certified Nursing Assistant). E10's (former Certified Nursing Assistant) written statement dated 1/13/16 at 8:30 PM documents the following: "While myself (E10) and (E9) were in (R24) 's room cleaning (R24) up for bed, (E9) leaned (E9) 's head around to look at (R24) and said, 'Am I (E9) getting you riled up?'

Illinois Department of Public Health STATE FORM

touches (R24)."

After (E9) left the room, (R24) stated (to E10) that (R24) is very uncomfortable with (E9) working with (R24) because of what (E9) says and (E9)

On 4/6/16 at 1:10 p.m., E10 verified the above written statement and stated, "Sometimes when you 're wiping a male in that area, blood begins to flow and they can't help it (getting an erection). " E10 indicated that R24 began to get an erection when E9 was cleaning R24 's peri-anal area. E10 then stated, "The incident occurred sometime before dinner on 1/13/16. 8:30 PM is the time I

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INAME OF PROVIDER OR SUPPLIER  STREET ADDRESS. CITY, STATE, ZIP CODE  1209 21ST AVENUE ROCK ISLAND, IL. 61201  (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THIS HOURD BY DATE OF THE STATE OF COMPANY OF THE STATE OF THE STAT				1 ' '			
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SUMMARY STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENCY PERFIX TAG   SUMMARY STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAY   S9999   Continued From page 10   S9999	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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FREETX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 10  (E10) sat down on 1/13/16 and wrote out the statement. After it occurred, I (E10) called the (E11, Licensed Practical Nurse) into (R24) 's room. That's not the first time something like this has happened. (R24) and others reported previous concerns to (E12, Licensed Practical Nurse). (E12) went to (E8, Assistant Director of Nursing/Acting Abuse Coordinator) multiple times over this. (E12) refused to have (E9) work (R24)' s sfloor. When (E11) was in the room on 1/13/16, I told (E11) what I (E10) had witnessed. (E11) asked (R24) how (R24) felt and (R24) said that (R24) didn't want (E9) back in the room at all." E10 then stated that E10 felt E9's comment was indeed, "Abusive in nature because the way (E9) said it and the look on (E9)'s face. It was degrading to (R24)." E10 then stated that E10 did not report the incident to E2 (Director of Nursing/Abuse Coordinator) or E1 (Administrator) because E10 had reported it to E210 incetor of Nursing/Abuse Coordinator) or E1 (Administrator) because E10 had reported it no I1/13/16 and E12 on the afternoon of 1/14/16. E10 also stated that E10 called the facility on the morning of 1/14/16 and reported the incident to E8 (Assistant Director of Nursing/Acting Abuse Coordinator) because E2 was off and E8 was acting as the Abuse Coordinator. E10 also stated that E9 continued to work until the end of E9's shift on 1/13/16.  E12's (Licensed Practical Nurse) written statement dated 1/15/16 documents the following: "On 1/14/16, (R24) was sitting by the nurse's station and stated that (E9) was inappropriate	FRIENDS	SHIP MANOR	ROCK ISL	AND, IL 612	201		
(E10) sat down on 1/13/16 and wrote out the statement. After it occurred, I (E10) called the (E11, Licensed Practical Nurse) into (R24) 's room. That's not the first time something like this has happened. (R24) and others reported previous concerns to (E12, Licensed Practical Nurse). (E12) went to (E8, Assistant Director of Nursing/Acting Abuse Coordinator) multiple times over this. (E12) refused to have (E9) work (R24)' s floor. When (E11) was in the room on 1/13/16, I told (E11) what I (E10) had witnessed. (E11) asked (R24) how (R24) felt and (R24) said that (R24) didn't want (E9) back in the room at all." E10 then stated that E10 felt E9's comment was indeed, "Abusive in nature because the way (E9) said it and the look on (E9)'s face. It was degrading to (R24)." E10 then stated that E10 did not report the incident to E2 (Director of Nursing/Abuse Coordinator) or E1 (Administrator) because E10 had reported it to E11 on 1/13/16 and E12 on the afternoon of 1/14/16, E10 also stated that E10 called the facility on the morning of 1/14/16 and reported the incident to E8 (Assistant Director of Nursing/Acting Abuse Coordinator: E10 also stated that E10 called the facility on the morning of 1/14/16 and reported the incident to E8 (Assistant Director of Nursing/Acting Abuse Coordinator: E10 also stated that E10 called the facility on the morning of 1/14/16 and reported the incident to E8 (Assistant Director of Nursing/Acting Abuse Coordinator: E10 also stated that E10 called the facility on the morning of 1/14/16 and reported the incident to E8 (Assistant Director of Nursing/Acting Abuse Coordinator: E10 also stated that E9 continued to work until the end of E9's shift on 1/13/16.  E12's (Licensed Practical Nurse) written statement dated 1/15/16 documents the following: "On 1/14/16, was sitting by the nurse's station and stated that (E9) was inappropriate	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
statement. After it occurred, I (E10) called the (E11, Licensed Practical Nurse) into (R24) 's room. That's not the first time something like this has happened. (R24) and others reported previous concerns to (E12, Licensed Practical Nurse). (E12) went to (E8, Assistant Director of Nursing/Acting Abuse Coordinator) multiple times over this. (E12) refused to have (E9) work (R24)' s floor. When (E11) was in the room on 1/13/16, I told (E11) what I (E10) had witnessed. (E11) asked (R24) how (R24) felt and (R24) said that (R24) didn't want (E9) back in the room at all." E10 then stated that E10 felt E9's comment was indeed, "Abusive in nature because the way (E9) said it and the look on (E9)'s face. It was degrading to (R24)." E10 then stated that E10 did not report the incident to E2 (Director of Nursing/Abuse Coordinator) or E1 (Administrator) because E10 had reported it to E11 on 1/13/16 and E12 on the afternoon of 1/14/16. E10 also stated that E10 called the facility on the morning of 1/14/16 and reported the incident to E8 (Assistant Director of Nursing/Acting Abuse Coordinator) because E2 was off and E8 was acting as the Abuse Coordinator. E10 also stated that E9 continued to work until the end of E9's shift on 1/13/16.  E12's (Licensed Practical Nurse) written statement dated 1/15/16 documents the following: "On 1/14/16, (R24) was sitting by the nurse's station and stated that (E9) was inappropriate	S9999	•		S9999			
what happened and (R24) said (R24) was being cleaned up by (E9, Former Certified Nursing Assistant) and (E10, Former Certified Nursing Assistant) was assisting (E9) and (E10) was		statement. After it of (E11, Licensed Prarroom. That's not the has happened. (R2 previous concerns to Nurse). (E12) went Nursing/Acting Abusover this. (E12) refus floor. When (E11) told (E11) what I (Easked (R24) how (F(R24) didn't want (E10 then stated that indeed, "Abusive in said it and the look degrading to (R24). did not report the in Nursing/Abuse Coobecause E10 had reand E12 on the after stated that E10 called of 1/14/16 and report (Assistant Director of Coordinator) because that E9 continued to shift on 1/13/16.  E12's (Licensed Pratatement dated 1/1 "On 1/14/16, (R24) station and stated the with (R24) again lass what happened and cleaned up by (E9, IAssistant) and (E10)	occurred, I (E10) called the ctical Nurse) into (R24) 's a first time something like this 4) and others reported to (E12, Licensed Practical to (E8, Assistant Director of se Coordinator) multiple times used to have (E9) work (R24) 'was in the room on 1/13/16, In 10) had witnessed. (E11) R24) felt and (R24) said that E9) back in the room at all." It E10 felt E9 's comment was nature because the way (E9) on (E9) 's face. It was "E10 then stated that E10 cident to E2 (Director of redinator) or E1 (Administrator) apported it to E11 on 1/13/16 ernoon of 1/14/16. E10 also ed the facility on the morning red the incident to E8 of Nursing/Acting Abuse as E2 was off and E8 was a Coordinator. E10 also stated to work until the end of E9 's enat (E9) was inappropriate at night. (E12) asked (R24) (R24) said (R24) was being Former Certified Nursing, Former Certified Nursing				

Illinois Department of Public Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		A CANADA			*Andalusian	
		IL6003388	B. WING		04/1	18/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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			AND, IL 61:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
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	that felt good or excremember which te (R24) feel uncomfo this to (E8) today 1/On 4/6/16 at 12:20	ng (R24), (E9) asked (R24) if cited (R24) [I (E12) couldn't rm] but (R24) stated it made rtable. Writer (E12) reported 15/16. "  PM, E12 verified the above and stated that E12 was not				
	working when the in occurred on 1/13/16 report the above incomplete because R24 did not and stated, "I (E12) (1/14/16). What (R2 said was abusive in Assistant Director of Coordinator) on 1/12 then stated, "Sexult touching from anyor sexual comments a comment made that someone feel sad of E12 also stated that to immediately be reflected."	incident involving E9 and R24 incident involving E9 and R24 incident to anyone on 1/14/16 into want E12 to say anything should have called that day 24) told me (E12) that (E9) inature. I reported it to (E8, if Nursing/Acting Abuse 5/16 in the morning. " (E12) all abuse is any inappropriate indiversal abuse is any transpropriate in all allegations of abuse are eported to E2 (Director of redinator). E12 made no it to immediately notify E1 in allegation of abuse.				
	one other occasion (E9) had made (R24 about a week before comment that (E9) rthat (E9) rubbed (R24 feel uncomfortable. (R24) said (R24) had (E9) started rubbing (E9) back in (R24) '	M, E12 stated, "There was when (R24) mentioned that 4) feel uncomfortable. It was e (R24) told (E12) about the made on 1/13/16. (R24) said 24) 's back and it made (R24) (E12) asked (R24) why and d (R24)'s shirt off at the time (R24) and (R24) didn 't want s room. (E12) reported this eport right after (R24)				

Illinois D	epartment of Public	Health			-	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		IL6003388			1 04/1	0/2010
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FRIENDS	SHIP MANOR		AND, IL 612	201		
	CHAMA DV CT/	ATEMENT OF DEFICIENCIES	in.	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
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00000	•					
		nt to (E12). The care plan				
		er every morning. (E12) told	T T T T T T T T T T T T T T T T T T T			
	(E8) when (E8) car	me to get daily updates. After	Ri spiritage accordi			
		ng, (E12) went into the office	application and			
		issed it further. (E9) was just	sames coco			
		an see why people felt	native canadapay			
		E12) even felt uncomfortable	and the second s			
	with (E9)"		THE PARTY AND A STATE OF THE ST			
		and time, E12 then stated that	ANTONIO POR CONTRACTOR			The same of the sa
		e of the 1/13/16 incident on	The state of the s			
		0 PM when R24 told E12 with				
		ied Nursing Assistant) standing				
		hen stated, "(R24) is pretty	and the state of t			
		out of character for (R24) to	The state of the s			
		meone. (E10) told me (E12)	Annual Principle Control			
		nurse that was working the	Section Control of Con			
		stated that the first incident	1000			
		ning occurred on 1/5/16 and E9	danament did			
		ea but floated and worked all	ransa vangarita			
NA-		g. E12 then stated that R24	no operative shows			
		nen R24 told E12 about the	ALCONOMINATION OF THE PROPERTY			
		d, "(R24) was upset. (R24)	GD/Gammywe			
PER CONTROL OF CONTROL		ng to mask it because (R24)	000			
		d is not an overly emotional	SECTION AND ASSESSMENT OF THE PROPERTY OF THE			
		ned to me (E12) or my	eefconsesses			
		uld be really upset. (R24)	Apparatus Appara	To a second seco		
		umiliated or embarrassed				
	from a comment like that."					
E11 's (Licensed Practical Nurse), undated						
		ocuments the following: "On				
		ed that (E9) made an				
		nent about getting (R24) riled	in the control of the			
		cleaning (R24) 's backside.				
	(R24) stated that (F	R24) was uncomfortable with				
		ares. I reported this to (E8,				
		of Nursing/Acting Abuse				
TO A CONTRACT OF THE CONTRACT	Coordinator) on 1/1		as tourising			
A. A. C.		p.m., E11 stated that R24 told	Vaccoopman			
	E11 that R24 was u	incomfortable with E9				

IL6003388  B. WING		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1209 21ST AVENUE ROCK ISLAND, IL 81201    SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PROVIDER'S PLAN O	71142			A. BUILDING:			
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CALLED NOTE	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Systemate years are street for perciperores. Page of the preceded by the prece	FRIENDS	SHIP MANOR			201		
providing care to R24. E11 stated that E11 reported this to E2 (Director of Nursing/Abuse Coordinator) or E8 and E9 was told to go home the day E11 reported R24 's concerns. E11 also stated that any allegation of abuse is reported to E2 or E8. E11 was unaware that E1 should be immediately notified of any allegation of abuse.  On 4/6/16 at 11:45 a.m., R24 stated that E9 (Former Certified Nursing Assistant) made a remark to R24 on 1/13/16 that, "Made me (R24) very uncomfortable." R24 then stated that E9 would, "Rub (E9) 's hands on my shoulders and it made me (R24) feel uncomfortable. It takes a lot to make me (R24) feel uncomfortable. It takes a lot to make me (R24) feel very uncomfortable. If a man did that to a woman, then he would be in big trouble I (R24) did not want (E9) touching me like (E9) was. It was more inappropriate than friendly. I (R24) let it go by for a while, a few weeks, before I (R24) said anything."  On 4/7/16 at 11:45 a.m., R24 stated that when E9 touched and rubbed R24 's shoulders, it, "Creeped me (R24) out. I (R24) do not like (E9)." R24 then stated that the comment E9 made to R24 on 1/13/16, "Surprised me (R24). I (R24) was uncomfortable and upset and wanted it addressed." R24 then stated that R24 prefers to no longer discuss the 1/13/16 incident.  On 4/6/16 at 1:39 PM, E1 (Administrator) stated that E1 was first notified of any concerns from R24 by a text message from E8 on 1/15/16. E1 provided a copy of the text message dated 1/15/16 and timed 3:17 p.m. which documents	PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
is being taken off the schedule per (E8). (E9) was helping clean (R24) and made sexually	S9999	Continued From particles of the day E11 reported that any alles E2 or E8. E11 was immediately notified on 4/6/16 at 11:45 (Former Certified Noremark to R24 on 1 very uncomfortable would, "Rub (E9) so made me (R24) feet to make me (R24) feet to make me (R24) dilike (E9) was. It was friendly. I (R24) let weeks, before I (R24) dilike (E9) was. It was friendly. I (R24) let weeks, before I (R24) R24 then stated that R24 on 1/13/16, "So was uncomfortable addressed." R24 then longer discuss the following by E8: is being taken off the	age 13  24. E11 stated that E11 (Director of Nursing/Abuse and E9 was told to go home ed R24's concerns. E11 also gation of abuse is reported to unaware that E1 should be dof any allegation of abuse.  a.m., R24 stated that E9 lursing Assistant) made a /13/16 that, "Made me (R24)." R24 then stated that E9 shands on my shoulders and it el uncomfortable. It takes a lot feel very uncomfortable. If a oman, then he would be in big d not want (E9) touching me is more inappropriate than it go by for a while, a few estated that when E9 d R24's shoulders, it, out. I (R24) do not like (E9)." at the comment E9 made to urprised me (R24). I (R24) and upset and wanted it en stated that R24 prefers to the 1/13/16 incident.  PM, E1 (Administrator) stated that text message dated estated that R24 prefers to the 1/13/16. E1 the text message dated estated that R24 prefers to the 1/13/16. E1 the text message dated estated that R24 prefers to the stated that R24 prefers to the 1/13/16 incident.  PM, E1 (Administrator) stated the text message dated estated that R24 prefers to the 1/13/16. E1 the text message dated estated es	TAG S9999		PRIATE	DATE

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SCHOOLS STATE OF THE PERSON STATE OF THE PERSO		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6003388		B. WING		04/18/2016			
· Section Company	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		and the control and the control of t
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CATALON CONTRACTOR CON	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
On the second second	S9999	Continued From pa	ge 14	S9999			The southernoons
Personal Company		aroused. (E8) is ma	aking report."				
		Nursing/Acting Abuse Cs verbalized concer E8 was notified of Fby E12 (Licensed PE8 then stated, "(E1 expressed feelings that made (R24) fee in the room at the ticomment. The incident think staff was unsuffing. They (the staff inappropriate. I (E8) that would be report would expect to be allegation of abuse. was reported, I (E8) allegation of abuse. touched (R24) 's shallower" E8 also suggestive stateme	reel that it was something table. It's not right. I (E8) immediately notified of an When (the 1/13/16) incident recognized it as a potentialI (E8) know (R24) said (E9) noulder. (E9) was a little tated that sexual abuse is, "A nt made to a resident by a ing Assistant) or Nurse or				
		was brought to E8' week to a week and incident involving R2 that R24 said R24 w gave R24 a back ru investigation was codid not speak to R24 then stated, "I think 1/13/16) was inapprhas ever complained investigated it (1/13/16)	AM, E8 stated that something s attention approximately a a half before the 1/13/16 24 and E9 by E12. E8 stated was uncomfortable after E9 b. E8 stated no report or inducted at that time and E8 4 about R24 's complaint. E8 it (E9 's comment to R24 on opriateThe only thing (R24) d about is (E9). I (E8) 16 incident) because it is de the complaint and when it				

(X3) DATE SURVEY

Illinois Department of Public Health

STATE MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMP	LETED	
		IL6003388	B. WING		04/1	8/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FRIENDS	SHIP MANOR		T AVENUE _AND, IL 612	01		
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
S9 <b>99</b> 9	Continued From pa	ge 15	S9999			
	investigated. I (E8) E8 then stated that follow up to the first (E9) because, "A bacares. It's standard Nursing Assistant) of E9's Final Employ (dated 1/1/16- 1/31/an entire eight hour E9's signed Perford dated 1/20/16 documade an inappropri while caring for him compromising positive personal care to his the resident while cyou riled up?' This resident feel uncomponsitute direct aborderline both phy resident is not confirm this is a violation of the constitution of the confirmation	ee Detail Report Time Card (16) indicates that E9 worked				
	stated if a resident of it's looked in to. E2 of the 1/15/16 investigation. E2 the complains to a staff making (R24) uncorreported to (E2) or each of the staff receives a comployee a second	PM, E2 (Director of Nursing) complains about an employee, stated E2 was off at the time stigation involving R24 and E9 led by E8, who conducted the len stated, " If (R24) if member about back rubs infortable, then it should be (E8) and we would follow up. It ime, I (E2) expect them to to (E2) or (E8)" E2 then				

PRINTED: 06/08/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 04/18/2016 IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1209 21ST AVENUE** FRIENDSHIP MANOR ROCK ISLAND, IL 61201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 16 S9999 stated regarding the 1/13/16 incident involving R24 and E9, "If they (staff) didn't report it immediately, they (staff) didn't consider it abuse. It was a stupid comment. It was no way sexual abuse. It was a dumb statement. I don't consider the comment (E9) made sexual abuse or sexual harassment." 3. R100 's Initial Incident Report (dated 10/1/15) documents an allegation of verbal abuse involving R100 was initiated on 10/1/15. R100's timeline of R100's 10/1/15 abuse investigation documents the following: "Notified (E1, Administrator). " This same report does not document the date or time that E1 was notified of R100's allegation of abuse. On 4/11/16 at 10:36 AM, E2 (Director of Nursing) stated that E2 could not provide any documentation of the time that E1 was notified of R100 's allegation of abuse. On 4/11/16 at 3:30 PM, E2 stated that Certified Nursing Assistants typically get assigned to the same hallway for continuity but can get floated to another hall at any time to fill staffing needs or assist.

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assist.

On 4/11/16 at 3:30 PM, E2 stated that Certified Nursing Assistants typically get assigned to the same hallway for continuity but can get floated to another hall at any time to fill staffing needs or

The Resident Census and Conditions of Residents form (Centers for Medicare and Medicaid Services- Form 672) dated 4/4/16 and completed by E2 (Director of Nursing) indicates 78 residents currently reside in the facility.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMF	LETED
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\$9999	On 4/11/16 at 10:30 not provide docume was immediately not allegation verbalized. The facility 's Abust 1/2015) documents resident abuse, not source, crime or mand thoroughly inversident abuse, injury of unknown are ported to the Abust designee and Admic conducting the inversion of the inversio	age 17  6 AM, E2 stated that E2 could entation that E1 (Administrator) offied of the above abuse ed by R2 on 12/11/15.  Se Investigation policy (revised as the following: "All reports of glect and injuries of unknown istreatment shall be promptly estigated by facility incident or suspected incident mistreatment, neglect, crime or source will be immediately use Coordinator and/or inistrator The individual estigation will Interview the gethe incident, Interview any cident, interview the resident opriate), interview staff hifts) who may have had sident during the period of and interview other residents to demployee provides care or as reports will be reduced to will be required to sign and Employees of this facility cused of resident abuse will be uty until the results of the been reviewed by the ated Abuse and Neglect documents the following: "of tolerate abuse and neglect necluding staff, family, volunteer use means any act that willfully ation, intimidation, or esident. Physical abuse may				

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Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_ 04/18/2016 B. WING IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1209 21ST AVENUE** FRIENDSHIP MANOR **ROCK ISLAND, IL 61201** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 18 S9999 include hitting, kicking, pinching ... or inappropriate sexual language or conduct. Verbal abuse includes the use of words, signs or gestures to intimidate, demean, curse, harass, or threaten harm to the resident ... Abuse may also include the misuse of the resident's funds or the misappropriation of resident 's property. Misappropriation of resident property means using a resident 's cash, clothing or other possessions without authorization by the resident or the resident 's legal agent ... " The facility 's Employee Handbook (dated 2/1/16) documents the following: "Harassing conduct includes but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes ... Sexual Harassment, according to the Illinois Human Rights Act, Sexual Harassment is defined as: ' Any unwelcome sexual advances, requests for sexual favors or any conduct of a sexual nature ... (B) 300.1210b) 300.1220b)3)7) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

resident to meet the total nursing and personal

care needs of the resident.

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/18/2016 IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1209 21ST AVENUE** FRIEN DSHIP MANOR ROCK ISLAND, IL 61201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 19 Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months 7) Coordinating the care and services provided to residents in the nursing facility. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on interview, observation and record review, the facility failed to ensure that follow up was provided to a resident after episodes of abuse occurred for two of three residents (R2 and R24) reviewed for abuse allegations on the supplemental sample. E4 and E5 wore R2's wig in front of R2 laughing and making fun of R2, which caused emotional upset and embarrassment for R2 which continues. Findings include:

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1. R2's Minimum Data Set (dated 1/31/16) documents a Brief Interview for Mental Status

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	score of 11, indicat for an interview.	ing R2 is a reliable candidate			
	completed by E8 (A Nursing/Acting Abuthat the facility initia	Report dated 12/15/15 and Assistant Director of use Coordinator) documents ated an investigation on egation of "emotional abuse"			
	and completed by Nursing/Acting Abu Agency) document report an allegation	initial report dated 12/15/15 E8 (Assistant Director of use Coordinator) to (State is the following: "This is to n of abuse of a resident's A was reportedly wearing (R2)'s			
	Nursing/Acting Abubrought to my atter Nursing Assistants (R2)'s wig on and v	PM, E8 (Assistant Director of use Coordinator) stated, "It was nation that two CNA's (Certified) were in (R2)'s room, put was dancing around. This IA's were (E4 and E5)"			
	Nurse) stated that of (E4 and E5) wear Picture Website). lasts a few second wigs on (E4 and Estried to take a screshort time and it (I66) couldn't tell with (E4 and E5) were with (R2) complained to Assistant). E21 we Practical Nurse) ar It was approximate	o.m., E6 (Licensed Practical on 12/10/15 (E6) saw a picture aring wigs on a (Social Media E6 stated, "The picture only s. I (E6) saw (E4 and E5) with 5)'s heads in a picture. I (E6) en shot of it, but it only lasts a ne picture) was already gone. I here they were just that they wearing wigs. The next day, o (E21, former Certified Nursing ent and got E7 (Licensed and (E7) came and told me (E6). It is sessistants) were smiling in the			

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	•	ey (E4 and E5) were funny"				
			TOTAL			
		9 PM, E7 (Licensed Practical 11/15 at approximately 7:00	an management of the contract			
		upset after a (E21, former	and the second s			
		assistant) attempted to give	100000000000000000000000000000000000000			
		stated, "(R2) was hysterical.				
		kick (E21) out of the room.				
		E21) was one of the CNA's Assistants) that was wearing	-			
		(10/15). I (E7) talked to (R2)	-			
	and calmed (R2) do	own and then (R2) allowed	AND			
1		R2). I (E7) went and told (E6)	willianded dyla			
		me and (E6) said 'Wow it E6) said to me (E7) that (E6)	and a see also			
		of (E4 and E5) last night	To a contract of the contract			
	(12/10/15) posted of	on a (Social Media Picture	Processing to the state of the			
		and E5) were wearing wigs	Account of the second			
		ing about this for a couple I become upset about				
		eemed that the root of the	TOTAL PROPERTY PROPER			
		ent back to (E4 and E5)	and the second s			
***	wearing (R2)'s wigs	s. (R2) was extremely upset.	Party Visito de Party Visito d			
		and (R2) felt that (E4 and E5)				
	were making run or	f and laughing at (R2)."				
	R2's written intervie	ew dated 12/16/15 and signed	Application of the state of the			
	by (E8) and (E15, S	Social Service Director)				
		owing: "Two girls got real fresh				
		hight. They had my wig in the were posing in the mirror with				
		erweight, wearing all black and				
		I. She had black hair and was				
		ght. Everything they said was				
		I went to supper. I had ice			i	
		The small one was really d around my bed, she grabbed			1	
		her to put it on the stand but	Position in the second			The state of the s

mirror." R2 then denied spilling anything on R2's

she went into the bathroom and was posing in the

Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_\_\_ B. WING 04/18/2016 IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1209 21ST AVENUE** FRIENDSHIP MANOR ROCK ISLAND, IL 61201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 22 S9999 wig and stated, "They were laughing a lot. They were dancing around with my wig on. Making fun of me. Why are you asking me so many questions. You don't care. You don't care! I didn't spill anything on my wig, they were making fun of mel" On 4/11/16 at 12:05 PM, R2 was lying in R2's bed. R2's hair was extremely thin and disheveled exposing several areas of R2 's scalp. R2's wigs were located and neatly kept on a shelf next to R2's bed. R2 stated, "I (R2) do not want to repeat it. I prefer them (E4 and E5) not take care of me ever again. They were very ... (R2 unable to finish statement) when asked about the 12/10/15 incident involving E4 and E5. R2 appeared very withdrawn and avoided eye contact continually staring at the floor. R2 immediately changed the subject of the conversation and stated that R2 was waiting for a meal tray. Upon further discussion and subsequent mention of the 12/10/15 incident, R2 stated, "I (R2) hate this place." When R2 was asked how E4 and E5 (Certified Nursing Assistants) made R2 feel when E4 and E5 were wearing R2's wigs on 12/10/15, R2 again stared at the floor and avoided eye contact, sat in silence for approximately one minute and with a flat affect did not answer the question and stated, "You can go anytime now." R2's current care plan has no mention of the above abuse investigation conducted and does not instruct staff to monitor for any adverse behaviors associated with the event. On 4/11/16 at 9:35 a.m., E24, Care Plan

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Coordinator, verified that R2's care plan was not updated after the 12/10/15 incident of abuse involving R2, E4 and E5 and stated it should have

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B WING 04/18/2016 IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1209 21ST AVENUE** FRIENDSHIP MANOR ROCK ISLAND, IL 61201 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 23 S9999 been. R2's Social Service notes dated 11/3/15 - 2/1/16 have no documentation of any follow up to the incident with R2 and E9. On 4/14/16 at 12:30 p.m., E15, Social Service Director, stated, "If any type of abuse was proven, I would do follow up." E15 then stated that R2 had not received any referral or follow up to a psychologist, psychiatrist or counseling. 2. R24's Initial Incident Report dated 1/15/16 documents that an abuse investigation was initiated on 1/15/16 regarding an allegation of an "inappropriate comment" made on 1/13/16 to R24 by E9 (Former Certified Nursing Assistant). E10's (former Certified Nursing Assistant) written statement dated 1/13/16 at 8:30 PM documents the following: "While myself (E10) and (E9) were in (R24) 's room cleaning (R24) up for bed, (E9) leaned (E9)'s head around to look at (R24) and said, 'Am I (E9) getting you riled up?' After (E9) left the room, (R24) stated (to E10) that (R24) is very uncomfortable with (E9) working with (R24) because of what (E9) says and (E9) touches (R24)." On 4/6/16 at 1:10 p.m., E10 verified the above written statement and stated, "Sometimes when you're wiping a male in that area, blood begins to flow and they can't help it (getting an erection). E10 indicated that R24 began to get an erection when E9 was cleaning R24 's peri-anal area. E10 then stated, "After it (incident) occurred, I (E10) called the (E11, Licensed Practical Nurse) into (R24)'s room...When (E11) was in the room on

1/13/16, I told (E11) what I (E10) had witnessed. (E11) asked (R24) how (R24) felt and (R24) said

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ 04/18/2016 B. WING IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1209 21ST AVENUE** FRIENDSHIP MANOR ROCK ISLAND, IL 61201 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 24 S9999 that (R24) didn't want (E9) back in the room at all." E10 then stated that E10 felt E9's comment was indeed, "Abusive in nature because the way (E9) said it and the look on (E9)'s face. It was degrading to (R24)." E12's (Licensed Practical Nurse) written statement dated 1/15/16 documents the following: "On 1/14/16, (R24) was sitting by the nurse's station and stated that (E9) was inappropriate with (R24) again last night. (E12) asked (R24) what happened and (R24) said (R24) was being cleaned up by (E9, Former Certified Nursing Assistant) and (E10, Former Certified Nursing Assistant) was assisting (E9) and (E10) was standing by (R24) as (R24) was telling (E12) that when (E9) was wiping (R24), (E9) asked (R24) if that felt good or excited (R24) [I (E12) couldn't remember which term] but (R24) stated it made (R24) feel uncomfortable...' On 4/6/16 at 12:20 PM, E12 verified the above written statement. On 4/7/16 at 9:52 AM, E12 stated, "There was one other occasion when (R24) mentioned that (E9) had made (R24) feel uncomfortable. It was about a week before (R24) told (E12) about the comment that (E9) made on 1/13/16. (R24) said that (E9) rubbed (R24) 's back and it made (R24) feel uncomfortable. (E12) asked (R24) why and (R24) said (R24) had (R24)'s shirt off at the time (E9) started rubbing (R24) and (R24) didn't want (E9) back in (R24)'s room...I (E12) can see why people felt uncomfortable. I (E12) even felt uncomfortable with (E9)..." At this same date and time, E12 stated, "(R24) is

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pretty easy going. It was out of character for (R24) to complain about someone. E12 then

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	E12 about the 1/13 upset. (R24) may he because (R24) was overly emotional per (E12) or my parents upset. (R24) possi embarrassed from	ked shocked when R24 told /16 incident and, "(R24) was ave been trying to mask it in the Army and is not an erson. If it happened to me s, I (E12) would be really bly could be humiliated or a comment like that."				
	(R24) stated that (E comment about get was cleaning (R24)	nts the following: "On 1/14/16, E9) made an inappropriate ting (R24) riled up while (E9) 's backside. (R24) stated that ortable with (E9) giving (R24)				
	On 4/6/16 at 12:15 p.m., E11 stated that R24 told E11 that R24 was uncomfortable with E9 providing care to R24.					
	(Former Certified N remark to R24 on 1 very uncomfortable would, "Rub (E9) 's made me (R24) fee to make me (R24) if man did that to a w trouble I (R24) di like (E9) was. It was	a.m., R24 stated that E9 lursing Assistant) made a /13/16 that, "Made me (R24)." R24 then stated that E9 is hands on my shoulders and it el uncomfortable. It takes a lot feel very uncomfortable. If a oman, then he would be in big id not want (E9) touching me is more inappropriate than it go by for a while, a few 24) said anything."				
	touched and rubbed "Creeped me (R24) R24 then stated tha R24 on 1/13/16, "Si	a.m., R24 stated that when E9 d R24's shoulders, it, out. I (R24) do not like (E9)." at the comment E9 made to urprised me (R24). I (R24) and upset and wanted it				

PRINTED: 06/08/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ B. WING 04/18/2016 IL6003388 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1209 21ST AVENUE** FRIENDSHIP MANOR ROCK ISLAND, IL 61201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 26 addressed." R24 then stated that R24 prefers to no longer discuss the 1/13/16 incident. On 4/6/16 at 2:50 PM, E8 (Assistant Director of Nursing/Acting Abuse Coordinator) stated, "(E12) stated that (R24) had expressed feelings that (E9) made comments that made (R24) feel uncomfortable. (E10) was in the room at the time and witnessed the comment...They (the staff) thought it was inappropriate...It's not right..." On 4/7/16 at 11:04 AM, E8 stated that something was brought to E8's attention approximately a week to a week and a half before the 1/13/16 incident involving R24 and E9 by E12. E8 stated that R24 said R24 was uncomfortable after E9 gave R24 a back rub. E8 then stated, "I think it (E9's comment to R24 on 1/13/16) was inappropriate..." E9's signed Performance Correction Notice dated 1/20/16 documents the following: "You made an inappropriate comment to a resident while caring for him. The resident was in a compromising position, as you were providing personal care to his private area. You stated to the resident while cleansing him 'does this get you riled up?' This is inappropriate and made the resident feel uncomfortable. While this may not constitute direct abuse, this is considered borderline both physically and verbally. The resident is not confused and is a reliable source. This is a

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violation of the harassment policy as well. Your employment at (the facility) is terminated."

R24's Social Service notes dated 12/28/15 -3/24/16 have no documentation of any follow up

On 4/14/16 at 12:30 p.m., E15, Social Service

to the incident with R24 and E9.

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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FRIENDSHIP MANUR		T AVENUE LAND, IL 61	201			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPERTION OF THE APPROPERTION (CROSS-REFERENCE)	.D BE	(X5) COMPLETE DATE
S99 <b>9</b> 9	Continued From pa	ge 27	S9999			
	after the 1/5/16 and R24 and E9 because reason to." E15 the received any referrar psychologist, psyc	iatrist or counseling.  plan has no mention of the conducted on 1/15/16 and aff to monitor for any adverse d with the event.  m., E24, Care Plan I that R24's care plan was not 3/16 incident of abuse				
		(B)				
	300.615e) 300.615f)					
	History Record Information to the second In addition to the second Information 24 hours resident, request a contect pursuant to the information Act for a admission to the fact check was initiated by Hospital Licensing Act of based on the resident of the	rest for Resident Criminal mation screening required by Section and this Section, a facility after admission of a riminal history background e Uniform Conviction II persons 18 or older seeking lity, unless a background by a hospital pursuant to the ct. Background checks shall dent's name, date of birth,				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		THE PROPERTY OF THE PROPERTY O	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
		IL6003388	B. WING		04/1	18/2016
	PROVIDER OR SUPPLIER	CTPTT AD	DDECC CITY O	77 YE 710 AARE	ENDOCROPHICAL CONTRACTOR CONTRACT	
NAME OF I	-ROVIDER OR SUPPLIER			STATE, ZIP CODE		
FRIENDS	SHIP MANOR		T AVENUE	304		
			AND, IL 612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S99 <b>99</b>	Continued From pa	ge 28	S9999			
	•					
	of the Act)	check for the individual's name				
		Offender Registration website	9			
		us and the Illinois Department				
		registrant search page at	0.000			
		to determine if the individual				
	is listed as a registe	ered sex offender.				
WATER TO	This requirement is not met as evidenced by:					
	Rased on interview	and record review, the facility				
		Ill required background checks				
		ours of admission and/or sex				
		ecks upon admission for two				
		R33) of 10 reviewed for				
		g on the supplemental				
	sample.					
	Findings include:					
	The facility's Admiss	sion Criteria policy (Revised				
		ments the following: "In				
The state of the s	accordance with sta	ite and federal rules, this				OF THE LAW AND A
		a sex offender background				
700.00		its requesting admission to				
		ion, criminal background				
10 A A	checks will be condi	ucted on all admissions"				The state of the s
	1. The facility's unda	ated Admission Log			i	The state of the s
The part of the state of the st		2 was admitted to the facility				
	on 3/16/16.					
		n Conviction Information Act)				
		documents the request for				A CONTRACTOR OF THE CONTRACTOR
		heck was not submitted until				
	3/18/16.					
	On 4/5/16 at 1:15 n	m., E25, Medical Records,				
		ICIA background request			ļ	
		til 3/18/16 and stated, "It was				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
- Constanting Contraction	- A DO AND		IL6003388	B. WING		04/	18/2016
ONN STREET, CALCULATION OF STREET, CALCULATIO	NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	and considerable and a supplication and a supplication of the supplication and a supplica	
www.commononer.d	FRIENDS	SHIP MANOR		T AVENUE LAND, IL 6	1201		
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
-	S9999	Continued From page	ge 29	S9999			
The second secon		missed."		Prove pracovant data party			
		2. The facility's unda documents that R33 on 3/7/16.	ated Admission Log was admitted to the facility	Transferration of the state of			
		check and Illinois De registrant search pag	fender Registration website epartment of Corrections sex ge check documents both of completed on 12/5/11.				
		stated that R33's Illin Registration website Department of Corre page check was not	check and Illinois ctions sex registrant search completed at R33's time of lity, "We checked them back was admitted to our				
			(ND)				
			TOTAL AND THE STATE OF THE STAT				NO. AND
						:	
	to make the state of the state						- The state of the
							Suns Control Services
						**************************************	PP 00-100-100-100-100-100-100-100-100-100-
						10.0	APARAMA CERTAFA BARRANA
-			NUMERO DE LA CONTRACTOR				